



Attorney Docket No. LCB425



IFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Jack E. Caveney, et al.)	
)	
Serial No.:	10/814,877)	Art Unit: 2833
)	
Filed:	March 31, 2004)	Examiner:
)	
For:	High Density Patch)	
	Panel)	

PRELIMINARY AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Prior to examination of the above-identified application, please amend the specification, claims and drawings as follows:

08/20/2004 VBROWN2 00000002 160228 10814877

01 FC:1201	344.00 DA
02 FC:1202	198.00 DA

REMARKS

Claims 1-16 are pending in the present application. Applicants have canceled claims 1-16 and added claims 17-47, to more clearly define the invention. These claim amendments are not considered to narrow the scope of the claims. The Commissioner is hereby authorized to charge the \$542.00 fee for 4 additional independent claims and 11 extra claims to Deposit Account No. 16-0228.

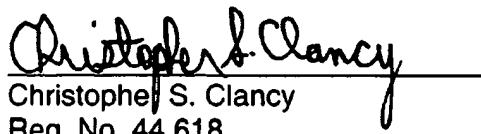
Applicants have amended specification paragraphs [0002]-[0010], [0012]-[0013], [0030], [0033]-[0036] and [0038]. Moreover, Applicants have amended the abstract. These specification amendments provide clarification for the invention, and do not include any new matter.

Applicants submit drawing replacement sheets 3-7. Specifically, FIGS. 5 and 12 add reference numerals 47 and 49, and FIGS. 7, 13-14 and 15-16 add reference numeral 49. These drawing amendments provide clarification for the invention, and do not introduce any new matter.

In view of the above, Applicants respectfully request consideration of claims 17-47.

Respectfully submitted,

Dated: August 3, 2004


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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/814877
LCB425

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	16	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	16 minus 20 =	
INDEPENDENT CLAIMS	2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	720

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	31	20	= 11
Independent	7	3	= 4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
XS18=	198
X86=	344
+290=	
TOTAL ADDIT. FEE	342

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		**	=
Independent		***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDI- TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		**	=
Independent		***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDI- TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.